BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **PARVEZ P. JESSANI, M.D.** Holder of License No. **22709** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-06-0936B **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand)

The Arizona Medical Board ("Board") considered this matter at its public meeting on October 10, 2007. Parvez P. Jessani, M.D., ("Respondent") appeared before the Board with legal counsel Sandra J. Rogers, for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 22709 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-06-0936B after receiving a complaint regarding Respondent's care and treatment of a thirty-one year-old female patient ("LB") alleging Respondent failed to appropriately treat metabolic acidosis and hypotension resulting in LB's death.

4. LB presented to Tucson Medical Center on September 3, 2006 with symptoms of nausea, vomiting, and weakness. LB reported a history of propionic acidemia and her initial blood pressure was 77 over 55 and labs showed a bicarb of 18. LB reported that she had low blood pressures in the past. LB received intravenous ("IV") fluids in the emergency room and was admitted to Respondent's care. In his admission history and physical Respondent noted LB's

history of propionic academia and ordered IV fluids with D5 normal saline with 20 meq KLC per liter and a clear liquid diet. LB was still having emesis and continued neck pain the next day and her bicarb had fallen to 15. Respondent ordered neck x-rays and a BMP and ammonia level for the next day. On September 5, LB's systolic blood pressure was running in the 80s and she still had some emesis. When Respondent saw her on September 5, he noted that her blood pressure was 95/65. Labs on this date showed a chloride of 119 and a bicarb of 17. Respondent ordered a GI consultation and continued the same IV fluids.

5. On the morning of September 6, LB's blood pressure was 87 over 65 with a pulse of 120. When Respondent saw her, he noted a pulse of 98. LB still complained of neck pain and Respondent ordered a CT of the head and neck. Respondent ordered a CBC and BMP to be drawn in the a.m. That afternoon, LB was taken to the GI lab by the consulting gastroenterologist where she underwent an EGD. Prior to the start of the procedure, LB was administered Versed while she had a blood pressure of 65/46. During this procedure her blood pressure values ranged from 67 to 78 over the 40s with pulses running 112 to 118. The GI physician was aware of LB's low blood pressure during the procedure. LB's blood pressures remained in the 60s over 40s in the recovery room and she was placed in Trendelenberg. Dr. Jessani was not notified. LB was subsequently transferred to the floor with a blood pressure of 69/41. When LB returned from the procedure she was clammy and the nurses had difficulty obtaining a blood pressure. The nurses obtained a manual reading of 50 systolic, placed LB on high flow oxygen and called a code.

6. LB was transferred to the intensive care unit where she was intubated and lines were placed. LB was placed on multiple IV pressors and a renal consultant started 10 per dextrose solution and insulin drip and L-Carnitine. A blood gas following the code showed a pH of

6.79 with a bicarb of 2 and a base deficit of 29. LB's dismal prognosis was discussed with her family and they elected to withdraw pressors. LB subsequently died.

7. When Respondent first saw LB he found her to be a healthy-looking young female, alert and oriented, walking around her room, with no complaint other than nausea and vomiting and neck pain and headache. LB did mention a history of propionic acidemia diagnosed as a child. LB had been in Tucson for six or seven months and had not yet established with any specialist. Respondent assumed the propionic acidemia was a chronic problem that LB was diagnosed with as a child that was not an active issue. Respondent maintained he was not informed about LB's deteriorating condition, blood pressure drop, or high heart rate on September 6; that whenever he saw LB she was stable, alert and oriented; and that propionic acidemia is a very rare condition that is not seen in adults.

8. When a patient presents, Respondent gets a history and does a physical, gets preliminary tests, reaches a preliminary diagnosis, and executes a general plan, including ordering appropriate tests for his presumed diagnosis. Respondent then interprets the tests he ordered, starts appropriate treatment for the presumed diagnosis, and monitors the effectiveness of that treatment. When the original treatment plan does not seem to be effective, Respondent changes the treatment plan to seek other or additional causes for, in LB's case, nausea and vomiting.

9. Respondent's working diagnosis for LB on admission was one, nausea, vomiting and dehydration and, two, propionic acidemia. To seek the cause of LB's nausea and vomiting Respondent ordered a GI consult and treated her conservatively to see if the symptoms would resolve. He ordered BMP and ammonia levels, neck x-rays and CT of the head and neck. Respondent did not order any other consults or tests. Respondent examined LB every morning and evening beginning on September 4 until she was moved to the ICU. Respondent anticipated

that LB's nausea would get better with time. There is nothing in LB's record to indicate Respondent was considering any specific diagnosis that he was going to test for. Respondent did not jump to ordering a CT scan, MRI or upper GI because he wanted to give her time to see if her symptoms would resolve.

10. Respondent agreed it would be reasonable to expect a physician to seek a cause of LB's symptoms other than just giving her fluids and symptomatically treating her when she has been sick enough for three days to come to the hospital. Respondent noted if the symptomatic treatment did not resolve the symptoms he would seek other causes and this is why he ordered a GI consult after 24 hours.

11. Over the several days Respondent treated LB the only labs he ordered were BMP and ammonia levels. In reviewing of LB's labs during the interview, Respondent indicated LB's CO2 was low at 17, her chloride was high, her potassium was 3.2, indicating she had a hyperchloremic acidosis, a non-anion gap acidosis. Respondent maintained LB on fluids, but with her continued nausea and vomiting, the volume of IV fluid ordered was not sufficient. Although it is important to know a dehydrated patient's output of fluids, Respondent did not order an intake and output for LB.

12. LB still had nausea and vomiting and head and neck pain after three days of being monitored by Respondent. When the emergency room physician called Respondent on the night of September 3, Respondent did not know anything about the diagnosis of propionic acidemia and the physician was not able to give him any information. When Respondent spoke with LB later that same night, she gave him a little information, but said it was a more chronic, stable problem. The next morning Respondent referred to textbooks, but there was not much information and that was the extent of Respondent's knowledge of the disease, a rare disease, at that time.

13. The emergency room physician's notes indicate he thought LB theoretically had ketone issues that needed to be looked at, yet Respondent did not order laboratory studies to look for acidosis. Even when LB's BMP came back that she was still hyperchloremic and acidotic, Respondent still did not pursue it further. Respondent maintained he did not pursue it further because he assumed it was a chronic and stable condition and was not the acute issue she was in the hospital for. Acidemia or acidosis can cause the symptoms LB presented with, but neither was part of Respondent's diagnosis. Both ammonia levels Respondent ordered were normal, giving him a false sense of security. Respondent only mentioned propionic acidemia twice in LB's chart.

14. The standard of care required Respondent to seek the cause of LB's nausea and vomiting and, absent an immediate known cause, to aggressively treat symptomatically the persistent hypotension and acidosis, to recognize the acidosis, and to use standard tests and monitoring modalities to assess the effectiveness of the treatment course.

15. Respondent deviated from the standard of care because he did not seek the cause of LB's nausea and vomiting and, absent an immediate known cause, did not aggressively treat symptomatically the persistent hypotension and acidosis, did not recognize the acidosis, and did not use standard tests and monitoring modalities to assess the effectiveness of the treatment course.

16. When a physician is not familiar with a disease the standard of care requires the physician to seek further information or appropriate consultation to clarify the disease as to whether the disease could affect the patient's present and presenting condition.

17. Respondent deviated from the standard of care because, even though he was not familiar with propionic acidemia, he did not seek further information or appropriate consultation to clarify whether the disease could affect the patient's present and presenting condition.

18. LB was exposed to potential harm from the continued, prolonged non-treatment during the first few days. LB died.

CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient of the public") and A.R.S. § 32-1401(27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

Respondent is issued a Letter of Reprimand for failure to appropriately and adequately investigate the signs and symptoms of and treatment for propianic acidemia; seek the cause of the patient's nausea and vomiting; failure to aggressively treat symptomatically the patient's persistent hypotension and acidosis; failure to recognize the acidosis; failure to use standard tests and monitoring modalities to assess the effectiveness of the treatment course; and failure to seek information or appropriate consultation to clarify whether the disease could affect the patient's present and presenting condition.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 16th day of January, 2008.

THE ARIZONA MEDICAL BOARD

By _____
AMANDA J. DIEHL, MPA, CPM
Deputy Executive Director

ORIGINAL of the foregoing filed this 16th day of January, 2008 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 16th day of January, 2008, to:

Sandra J. Rogers
Campbell, Yost, Clare & Norell, PC
33 North Stone Avenue – Suite 1850
Tucson, Arizona 85701-1445

Parvez P. Jessani, M.D.
Address of Record

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